

MEDICAL EAST INDUSTRIAL CLINIC
15243 GREENFIELD DRIVE
ATHENS, AL 35613

Limestone Co. Board of Education Drug Testing Policy
Consent / Release Form

I have read and understand the Limestone County Board of Education policy regarding drug testing of student athletes. I consent to allow urine samples to be taken for random testing for prohibited substances. I specifically authorize Medical East to release all test results to the Limestone County Board of Education and their designee as well as its Medical Review on Staff and my parents or legal guardian(s). I also authorize the Board to release any information about my drug screen, including the results if I decide to engage in related legal Proceedings. I also understand that my participation in student athletic activities will depend upon the results of my drug screen and if I refuse to submit to testing, I will not have the privilege to be allowed to participate in student athletic activities. I hereby will abide by the policy set by the Limestone County Board of Education while I am a student at the Limestone County Schools.

_____ (student initials)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE _____ STUDENT DATE OF BIRTH _____

NAME OF SCHOOL _____

SPORT(S) OF PARTICIPATION _____

STUDENT NAME _____

PRINT SIGNATURE

**SOCIAL SECURITY OR IDENTIFICATION NUMBER: _____

NAME OF PARENT OR LEGAL GUARDIAN – MANDATORY

PRINT SIGNATURE

**The purpose of this number is to provide us with some way to identify the student to match their paperwork with their results. The number should be unique to this student only. We prefer Social Security Number but a driver's license number is acceptable. Please indicate which is used. All information is held as strictly confidential.

**STUDENT DRUG SCREENS ARE DONE MONDAY – FRIDAY 7am – 5pm ONLY
NO EXCEPTIONS WILL BE MADE**